

SUMMARY FORM**COLLECTIVE BARGAINING AGREEMENT**
PUBLIC SECTOR / NON-POLICE & NON-FIRE**Section I: Agreement Details**

Public Employer:	Borough of Franklin	County:	Sussex
Employee Organization:	Public Works Department	Employees in Unit:	9
Base Year Contract Term:	1/1/2014	12/31/2015	New Contract Term 1/1/2016
Type of Settlement:	<input type="checkbox"/> Mediated Settlement <input type="checkbox"/> Fact-Finder Recommendation <input checked="" type="checkbox"/> Voluntary Settlement <input type="checkbox"/> Super Conciliation		

		Column A <u>Base Year - Total Costs</u> (Last Year of Previous agreement)	Column B <u>New Base Year - Total Costs</u> (First Year of Successor agreement)
Item 1	Salary	\$321,894	\$444,312
Item 2	Increment	\$6,438	\$8,886
Item 3	Longevity	\$22,760	\$17,768
Item 4			
Item 5			
Item 6			
Item 7			
Item 8			
Item 9			
Item 10			
Item 11			
Item 12			
Any additional items list on separate sheet	Additional Items		
Section III: Totals • Sum of costs in each column		\$351,092 (Total)	\$470,966 (Total)

Section IV: Analysis of new successor agreement**NEW AGREEMENT ANALYSIS**Total Base Year (previous agreement) \$351,092

<u>Effective Date (m/d/yyyy)</u>	<u>1/1/2016</u>	<u>1/1/2017</u>				
Percent Increase	2%	2%				
Total cost of increase ..	\$26,654	\$27,187				
Total base salary (successor agreement)	\$470,966	\$480,385				

Section V: Impact of Settlement - average annual increase over term of agreement

Percentage Impact (average per year over term of agreement)	<u>2.00</u>
Dollar Impact (average per year over term of agreement)	<u>\$28,921.00</u>

Section VI

	Base Year	Year 1			
Cost of Health Plan	\$111,486	\$196,544	\$214,233		
Employee Contributions	\$13,701	\$25,661	\$26,161		
Prescription					
Dental					
Vision					

*The undersigned certifies that the foregoing figures are true and is aware that if any of the foregoing items are false, s/he is subject to punishment.***Section VII**

Prepared by:	<u>Monica B. Miebach</u>	Title: CMFO/QPA
	<u>Monica B. Miebach</u>	Date: <u>3/30/2016</u>
	Print Name	
	Signature	